

July 13, 2006

William D. Baker
Director
Julian F. Keith Alcohol and Drug Abuse Treatment
Center
201 Tabernacle Road
Black Mountain, NC 28711
Dear Mr. Baker:

Joint Commission ID #: 3377

Accreditation Activity: Evidence of Standards

Compliance

Accreditation Activity Completed: 7/13/2006

The Joint Commission would like to thank your organization for participating in the Joint Commission's accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Behavioral Health Care.

This accreditation cycle is effective beginning May 05, 2006. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 39 months. Please visit <u>Quality Check®</u> on the Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Russell P. Massaro, MD, FACPE

Executive Vice President

Division of Accreditation and Certification Operations

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Julian F. Keith Alcohol and Drug Abuse Treatment Center 201 Tabernacle Road Black Mountain, NC 28711

Organization Identification Number: 3377

Evidence of Standards Compliance Received: 7/13/2006

PROGRAM(S)

Behavioral Health Care Accreditation Program

Executive Summary

As a result of the accreditation activity conducted on the above date, your organization must submit a Measure of Success (MOS) within four (4) months from the day this report is posted to your organization's extranet site. If your organization does not make sufficient progress in the area(s) noted below, your accreditation may be negatively affected.

The results of this accreditation activity do not affect any other Requirement(s) for Improvement that may exist on your current accreditation decision.

Program	Standard	Level of Compliance
ВНС	PC.4.20	Compliant
внс	PC.15.30	Compliant
внс	HR.4.50	Compliant
внс	APR 17	Compliant